

216025115
105220

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 140	Agency Case No. B6-054649	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/20/2016		TIME OF ACCIDENT 0035	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0045	Amended	
B	80	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. HWY 34/FALLBROOK BLVD			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	06/27/2016
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 34	LATITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	09	NAME OF INTERSECTING ROADWAY HWY 34/FALLBROOK BLVD				
V2/M		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
E	1	R. WORK ZONE CODES R1 R2 R3 R4 1	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO		
F	1	VEHICLE NO. 1				
V1/N	2	DRIVER LICENSE NO. 11-073-0621	STATE (Of License)	CO	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V2/N		DRIVER BRANDY L JONES	PHONE 7198969323	LOCAL NO.		
G	4	DRIVER ADDRESS 2828 N ST #5, LINCOLN, NE 68510	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	01/31/1986	V1/1 09
H	3	OWNER MUSA H KOROMA	PHONE 7198969323	LOCAL NO. 09-16-1983		
V1/O	3	OWNER ADDRESS 2828 N ST #5, LINCOLN, NE 68510	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB517008	V1/2 42
V2/O		LICENSE PLATE PA NO. QNM340	YEAR (Plate Expires) 2016	STATE (Of Plate)	CO	V1/3
I	1	VEHICLE 1999	MAKE Mitsubishi	MODEL MONTERO	BODY STYLE Medium/large u	V1/4
V1/P	1	VEHICLE ID NO. (V1/N) JA4LS31H4XP033253	INSURANCE COMPANY UNKNOWN	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500		
V2/P		TOWED TO 101 CHARLESTON ST	TOWED BY CAPITAL TOWING	POLICY NO.		
J	01	VEHICLE NO. 2				V1/5 42
V1/Q	1	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	V1/6 60	
V2/Q		DRIVER	PHONE	LOCAL NO.		
K	03	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	V2/1	
L		OWNER	PHONE	LOCAL NO.		
M		OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO	V2/2	
N		LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)	V2/3	
O		VEHICLE	YEAR	MAKE	MODEL	V2/4
P		VEHICLE ID NO. (V1/N)	INSURANCE COMPANY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$		
Q		TOWED TO	TOWED BY	POLICY NO.		
R		Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				V2/5
S		VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	V2/6
T		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
U		VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	
V		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
W		VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	
X		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-054649

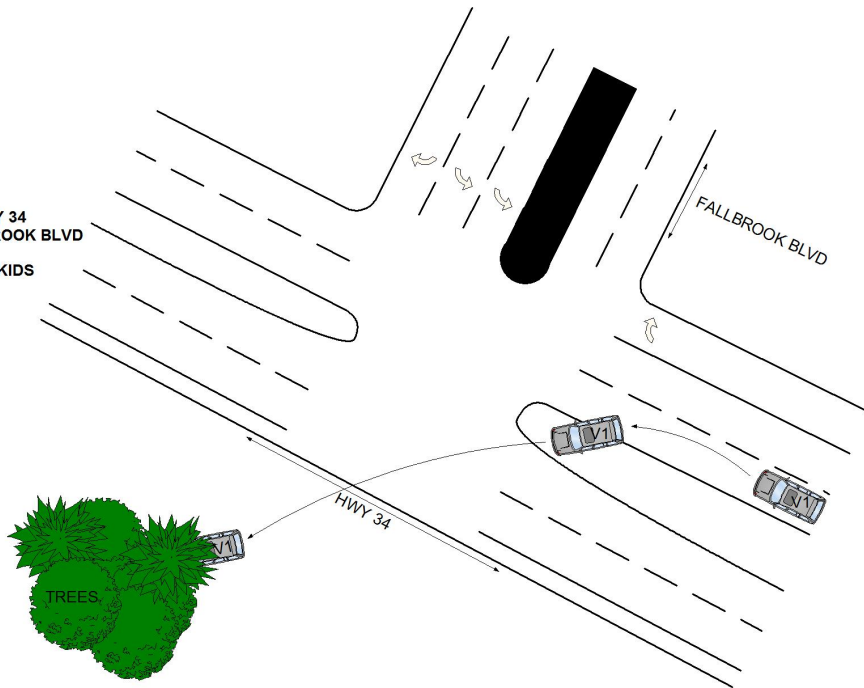


Indicate
North
by Arrow



Not To Scale

**POI: 102 FT S OF S CURB OF HWY 34
210 FT W OF W CURB OF FALLBROOK BLVD**
MEASUREMENTS APPROX. NO SKIDS



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 WB on Hwy 34 in the inside lane at an unknown speed. V1 veered South, ran off the road and struck a tree. D1 indicated she was lost and did not know exactly what happened. DUI investigation indicated no impairment. D1 cited/released for no license and negligent driving.

PROPERTY	OBJECT DAMAGED TREE HIT BY VEH	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$ 100
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	VEH 2	
1				X	HWY 34		POINT OF IMPACT	08	POINT OF IMPACT							1	
2							POINT OF IMPACT		POINT OF IMPACT							1	
1	01	06 Turning left				MOST DAMAGED AREA	08	MOST DAMAGED AREA								1	
2		08 Entering traffic lane				MOST DAMAGED AREA		MOST DAMAGED AREA								1	
					<div style="display: flex; justify-content: space-between;"> <div> 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right </div> <div> 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown </div> </div>												
					<div style="display: flex; justify-content: space-between;"> <div> 00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other </div> <div> 02 03 04 01 05 08 07 06 </div> </div>												
					<div style="display: flex; justify-content: space-between;"> <div> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown </div> <div> 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown </div> </div>												
					<div style="display: flex; justify-content: space-between;"> <div>VEHICLE 2</div> <div>VEHICLE 2</div> </div>												
					<div style="display: flex; justify-content: space-between;"> <div>VEHICLE 2</div> <div>VEHICLE 2</div> </div>												

OFFICER NO. 1708	TROOP/ TEAM/ BEAT NE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Kiefer Hyland		INVESTIGATOR SIGNATURE Approved by Kiefer Hyland	
DATE OF REPORT 06/27/2016			